## **County of Los Alamos**

## GRANT ANALYSIS AND FINANCIAL MATRIX FORM

This form is to be completed and submitted for review and approval <u>prior</u> to applying for any grant on behalf of the County of Los Alamos.

GRANT APPLICANT:	
Matrix Form Submission Status: X Initia	alRevised
Name of Department: Public Works/Transit	
Name of Department Head: <u>Jon Bulthuis, Acting Public Wor</u>	ks Director
Contact Information: Email_jon.bulthuis@lacnm.us Phone #_1	(505) 662-8088
Person Completing This Form: Annette Granillo, Transit Mana	ger
Contact Information: Email annette.granillo@lacnm.us Phone #	(505) 663-1770
GRANT INFORMATION:  Grant Agency/Source_FTA/NMDOT Transit & Rail Division  Name of Grant Program_Section 5310 Public Rural Transportation  Application Submission Deadline: 08/23/2019  Federal Grantor/Program Title:_Federal Transit Administration  Federal CFDA Number:_DUNS Number 069423424  Check Only One: Federal Direct_OR Federal Indicates Grantor/Program Title:_NMDOT Transit & Rail Division  Private Organization:_N/A  Grant Application: \$\frac{115,991}{Match}:\frac{28,998}{28,998} \textbf{Total}  Estimated Date for Notice of Award (if awarded): \frac{05/25/2020}{05/25/2020}  Does Grant include loan component? Yes_No_X  Loan Terms (interest rate, years to repay)_N/A	Section 5310 irect X
Review and Approvals	
Department Head: Signature	08/07/19 Date
Other Department Head:	
Budget Manager: Keller Condo 9 Signature	Date 8/8/19 Date
Finance Grants Mgr. Signature	08/08/19
County Manager: Signature	Date Date
Date to Council for Approval to Apply for Grant: <u>August 20, 2019</u>	

Transit, public tra replacement or in award is based or	ansportation – ACT As acrease and funded di	ds to provide capital assisssist 2007. These funds a rectly to NM DOT Transiten areas of operation.	re based by fleet
B. Grant Budget Expense Type	Grant	Match/In Kind	Budget Authority
		Requirement	(Yes or No)
Operational	\$	\$	
Outside Services	\$	\$	
Capital Outlay	\$115,991	\$28,998	No
TOTAL	\$	\$	
		ner department be requir	
. Frequency of repo	rting requirement M	onthlyQuarterly_	X Annually
. Frequency of pay i	requests for reimburs	sement MonthlyQuar	rterly Annually}
grant? <u>The app</u> funded by the Cou	olication award is a fix nty from local match aded with Section 532	ation (personnel or \$) bey xed amount and any addi ing funds. Transit staff do 10 funds beyond the awan	tional costs must be oes not expect any cost
		rant proceeds or will the he grant proceeds.	
The County is to the Mho within the de	<u>he final recipient of t</u> partment will have re		nt?